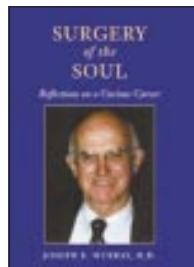


# reviews

BOOKS • CD ROMS • ART • WEBSITES • MEDIA • PERSONAL VIEWS • SOUNDINGS

## Surgery of the Soul: Reflections on a Curious Career

Joseph E Murray



Science History  
Publications/USA, \$35,  
pp 255  
ISBN 0 88135 255 1  
For ordering details, see  
[www.shpusa.com](http://www.shpusa.com)

Rating: ★★★

**S**urgery of the Soul is a most unusual book by a most unusual surgeon. Joseph Murray is one of only four surgeons to have received the highest honour in science—the Nobel prize (in 1990). This was for his contributions to the field of transplantation. In 1954, Murray performed the first kidney transplant in a human being. Later, he concentrated on developing cosmetic plastic surgery (“my true surgical identity”) into a “respectable”

profession. Yet he frowns on “body sculpting” surgery.

This curiously named book is three accounts rolled into one—an autobiography, a surgeon’s logbook, and thoughts on good medical practice. Because a doctor’s life is intertwined with that of his patients, a significant part of the book covers the clinical details of some of the surgically challenging patients that Murray has treated over the years. These include landmark cases in the development of transplantation (the Herrick twins) and in reconstructive head and neck surgery. But to me, the most important part of this slim volume is its permeating philosophy.

“Difficulties are opportunities,” says the inscription on a plaque on Murray’s desk. Murray, a firm believer in this statement, sets out to prove it, telling the stories of Charles Woods and Raymond McMillan, two of his patients. Charles Woods was an aviator who was burned beyond recognition after his plane caught fire but who went on to a successful career and to fly again after Murray built him a new face. Raymond McMillan was a highly intelligent boy who was abandoned by his mother because of a birth deformity and placed in a mental institution

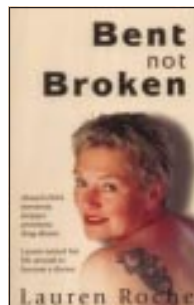
until he was 21. Murray corrected the deformity and encouraged the boy to write what was in his heart. The joy that McMillan described finding in life is testimony to Murray’s skill in transforming souls as well as bodies.

In Murray’s own case, he shows how apparent setbacks helped shape his career. The essential ingredients for a medical doctor, he states, are curiosity, imagination, and persistence. He stresses teamwork—and support from the family—as a major reason for his success. A remarkable feature of these memoirs is the fact that there is no criticism of anyone. His words on the profession bring to mind the words of that other great surgeon-scientist, Joseph, Lord Lister: “If we had nothing but pecuniary rewards and worldly honours to look to, our profession would not be one to be desired. But its practice . . . is second to none in intense interest and pure pleasures . . . our path, if rightly followed, will be guided by unfettered truth and love unfeigned.”

**Sanjay A Pai** consultant pathologist, Manipal Hospital, Bangalore, India  
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## Bent not Broken

Lauren Roche



Zymurgy Publishing, £6.99,  
pp 267  
ISBN 1 903506 02 6

Rating: ★★★★★

**M**ost doctors I know entered medical school straight from school or after undergraduate study. New Zealander Lauren Roche had an unconventional path to become a doctor, which included stints as a stowaway, stripper, prostitute, and drug misuser. She describes this journey in her courageous autobiography, *Bent not Broken*.

Roche begins her narrative with snippets and stories from her childhood.

These reveal instability, poverty, and abuse. Her parents’ marriage ended in her early years and from a young age, Lauren helped “parent” her siblings, and at times her mother, who had a long history of drug misuse and depression. She attended a multitude of schools and intermittently lived with different family members, never having a constant home. She describes a turbulent relationship with her mother, which alternated between love and abuse. Soon after her mother’s suicide, Lauren began to run away from school, her family, and New Zealand, stowing away in a United States naval ship and being imprisoned for immigration violation. While hitchhiking in the US, she suffered a horrific attack and gang rape.

After a suicide attempt at 19, Lauren was admitted to a psychiatric unit. This was a turning point in her life, and Lauren decided to return to high school with the aim of studying medicine. Few encouraged her dreams, which were perceived as “unrealistic.”

*Bent not Broken* is not only an account of Roche’s journey to the medical world but is also a story of survival, personal strength, and, at times, luck. Lauren is a true role

model who has proven that life can be turned around, that adversity can be overcome by hope and resilience. Her literary style is gutsy, uninhibited, and confrontational. She evokes emotion without trying—she merely has to state the facts.

This book is not for the faint-hearted. As Roche tears open her past, she takes the reader down her spiral into depression and blackness. Yet the darkness is always sparkled with hope, and Roche maintains a sense of humour in the face of adversity.

*Bent not Broken* concludes at Lauren’s graduation from Otago medical school, and I would have liked to learn about her life as a doctor. As Roche’s autobiography is in two parts I look forward to reading about the second part of her journey in the sequel, *Life on the Line*, due to be released in the United Kingdom in autumn 2002.

**Ruth Little** BMJ Clegg scholar and final year medical student, Melbourne, Australia  
See Careers Focus, p s102

*Items reviewed are rated on a 4 star scale  
(4=excellent)*

## NETLINES

● The University of Florida has published its physical examination guides online ([www.medinfo.ufl.edu/year1/bcs/clist/index.html](http://www.medinfo.ufl.edu/year1/bcs/clist/index.html)). The index page consists of a simple menu offering the main body areas, such as the cardiovascular and neurological systems. The modules themselves are principally text driven with the odd illustration but they are still an excellent reference source for students and practising clinicians alike.

● From the Royal New Zealand College of General Practitioners at [www.rnzcgp.org.nz/links.htm](http://www.rnzcgp.org.nz/links.htm) comes a clear and concise collection of links on a wide range of topics from cardiology to travel information. New Zealand based sites are well represented but there is also a good international spread of resources. These links will be of interest to the whole medical community, not just primary care workers.

● "Doctor, Doctor, you've got to help me—I just can't stop my hands shaking!" "Do you drink a lot?" "Not really—I spill most of it!" Gags like this have been doing the rounds for some time. Now [www.geocities.com/CapeCanaveral/4661/projoke35.htm](http://www.geocities.com/CapeCanaveral/4661/projoke35.htm) has brought them together. This is a fun collection that may well bring a grin to some readers. The site may even prove suitable as a source of material for a presentation. If you get tired of doctor jokes, you can move on to gags about social workers, dentists, engineers, even internet service providers...

● Neuroguide.com or Neurosciences on the Internet is a huge, in-depth site that opens up a whole world of online neurological resources. Helpfully there are a number of servers throughout the world carrying this resource and the whole site is searchable either by text or by clicking through the catalogue. This is an excellent place to start exploring all the neurological specialties. There is enough here to occupy a casual surfer for some time.

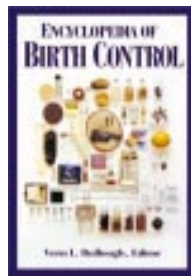
● The Association for Glycogen Storage Disease ([www.agsd.org.uk](http://www.agsd.org.uk)) has put together a sensible, attractively designed, and easy to use site. There is a good description of the various types of glycogen storage disease—useful for the lay surfer—as well as a helpful links section. A low graphics version is also available.

**Harry Brown** *general practitioner, Leeds*  
[DrHarry@diat.pipex.com](mailto:DrHarry@diat.pipex.com)

We welcome suggestions for websites to be included in future Netlines. Readers should contact Harry Brown at the above email address.

## Encyclopedia of Birth Control

Ed Vern L. Bullough



ABC-CLIO, £55.95, pp 349  
ISBN 1 57607 1812

Rating: ★★★

The term "birth control" is no longer commonly used in Britain. In these politically correct times it has been replaced with either the more specific "contraception" or the more general "family planning"—neither of which describes the aim of the exercise as well as "birth control."

One of the reasons for the semantic shift has been the desire of modern health professionals to distance themselves from the eugenic assumptions of the early birth control movement. In the early decades of the last century birth control was seen as a means of population control—essential for limiting the fecundity of the poor. Marie Stopes may have talked about women's sexual fulfilment but her greater concerns were about what she regarded as the degeneration of the English race and the large size of immigrant families. The Malthusian aims of the early birth control pioneers, such as Marie Stopes and the American Margaret Sanger, have been closeted away.

In this encyclopaedia, Vern Bullough shines a light into the dark corners of the closet. It makes fascinating, if sometimes cringe-inducing, reading. An example is Sanger's explanation of the invention of the term "birth control" at an evening meeting: "We tried population control, race control,

and birth rate control. Then someone suggested, 'Drop the rate.' Birth control was the answer; we knew we had it" (p 31).

Was there ever a better reminder that people and ideas are a product of their times? Before Hitler's atrocities exposed the barbarous extremes of social engineering, eugenic views were regarded as radical visions of social reform. Those of us who work in family planning today cannot deny and should not apologise for our predecessors. Most of us find the notions of "population control" and "race control" offensive—quite rightly so.

But the eugenic tradition aside, this book illustrates what a shame it is that we have cast the term "birth control" aside. Birth control is a far more embracing concept than contraception because it clearly includes abortion—the post-conception means that women have used, and still use, to control whether and when they give birth.

These days it is understood to be prudent to keep abortion and contraception apart conceptually. Abortion is accepted, but is not yet entirely acceptable. It is often seen as a necessary evil, a last resort when contraception fails. Methods of contraception are promoted specifically as a means to reduce the problem of abortion. The A word has yet to find its place on the list of legitimate means of family planning. So it is refreshing, and challenging, to open this encyclopaedia and find that abortion has its rightful place as the first entry with the explanation that abortion has been widely used, throughout history, "as a method of limiting births" (p 1).

This is not a book that you will keep to hand as a quick clinical reference guide—rather it's a book to dip into on a long flight, or while in the bath—or when you need some outrageous historical fact to wind up a worthy, politically correct colleague.

**Ann Furedi** *director of communications, British Pregnancy Advisory Service*



## WEBSITE OF THE WEEK

**Children of donor insemination** This week's personal view tells the story of someone coming to terms with having been conceived by donor insemination (p 797).

As you would expect, there are thousands of pages devoted to the benefits of donor insemination. [www.angelfire.com/bc/donorinsemination](http://www.angelfire.com/bc/donorinsemination) is a typical example. It includes an amazon link to a book called *Helping the Stork: The Choices and Challenges of Donor Insemination*. From the brief review given, I doubt that this book would include the challenges that children of donor insemination face. Likewise, web space devoted to them is glaringly absent. I could find only one support group ([www.ozemail.com.au/~warrenh/](http://www.ozemail.com.au/~warrenh/)), which is not solely for the offspring but also for parents and potential users of donor insemination.

The most useful web based information comes from extracts of journal publications. For example, at [www.surrey.ac.uk/news/releases/8-3100dono.html](http://www.surrey.ac.uk/news/releases/8-3100dono.html) you can read a press report of a Swedish study that highlights the problems over the legislation surrounding the child's right to know, and a British qualitative study showing the emotional wellbeing of 16 children of donor insemination.

It is also worth checking out an editorial on psychological issues in assisted reproduction from the *Journal of Psychosomatic Obstetrics and Gynaecology* (<http://jpog.ispog.org/Editorials/psychological-issues.asp>). Learned journals appear to be ahead of the game.

**Rhona MacDonald**  
*BMJ*  
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## PERSONAL VIEW

# How it feels to be a child of donor insemination

For 58 years donor insemination (DI) has been used in the United Kingdom. Yet the voice of DI children has never been heard. I would like to tell my story—how it feels to be one of those children.

For 16 years I have known. My mum told me, my dad was embarrassed, and no one other than my parents knew. The topic was taboo and I was not to tell friends or family. To this day I still have not been able to discuss it at all with my dad, nor with my sister (also conceived by donor insemination). For years I have been prevented from exploring my feelings. I feel guilty writing this, even anonymously. It is as if I am betraying my family. I am scared that people will think that I am ungrateful. But I hope that through my experiences others will realise that they are not alone and those who can help us gain an insight into our isolation.

I was told when I was 11 and initially I tried to accept it; in a magical way it was exciting—I could dream that my genetic father was a famous star, a prince, or an amazing sporting personality. After an argument with my dad I could dream of this wonderful man, my other dad, who would come and rescue me, taking me to another life.

As the turbulent teenage years passed, the fantasy lost its appeal. I began to think increasingly about where I came from and became angry that I had been deprived of what I believe are my basic rights. As my appearance, personality, strengths, and weaknesses unfolded, it often became apparent that I was different from my sister and my dad. Friends and family, all innocent of the truth, would joke to my parents that they had picked up the wrong baby at the hospital.

I would stare in the mirror analysing features that I had not inherited from my mother. I would scour faces in the street, in the supermarket, and at school, desperately searching for similarities in others. I lived in a surreal world wondering if one of the men passing or teaching me was my genetic father. All I wanted was some information, not necessarily to meet him, and never for him to feel any obligation towards me.

Adopted children have the right to search for their genetic parents, but DI chil-

dren do not. I understand why. Who wants to think that their sample, so generously provided, often during carefree student days, would be turned into a child who could contact them later? I have shed tears and spent hours thinking about this.

My obstetric and gynaecology attachment was difficult. Seeing couples so desperate for children made me uncomfortable. A lecturer told an anecdote of a half brother and sister marrying to find out later that they were related. I am allowed to find out if any future husband is related to me, but I cannot screen every boyfriend. At the optician or general practitioner, I am asked about my family history, yet I know only half of it. As a medic, by definition I am a hypochondriac and in my more paranoid moments I ruminate over those rare familial conditions that I might have inherited.

Over the years, the issues have been debated repeatedly. What are lacking are the views of the children created. We are difficult to study. We are anonymous and cannot speak up out of courtesy towards our dads. The few studies that have looked at us have only used parental interpretations of our emotional state (*Fertility Sterility* 1992;57:583-90 and *Human Reproduction* 1993;8:788-90).

What has been found in families of donor insemination is that a lack of openness and knowledge has damaged relationships between family members (*Human Reproduction* 1996;11:2324). The lack of openness in our family is evident and I wish I had been given guidance earlier on how we as a family could have addressed this. I hope this is not irreversible, as I want to overcome the biggest hurdle—to talk about it with my dad.

Should DI children be told at all? I am glad that I know. I feel secure knowing how much I was wanted. However, when I am with my dad's family I feel as if I am betraying them, that I am not really part of their family, an outsider imposing. The decision to tell the child is up to the parents—I am not arguing with that. What I find difficult to accept is that once we are told, we cannot do anything more about it. There are no adoption agencies we can contact, no DNA tests we can have, we cannot ask our mums what our genetic father was like. We have nothing.

To the donors out there, I would like to say thank you. I owe my life to one of you. I wish I could know more about you. I wish you could be proud of me.

A longer version of this article is available on [bmj.com](http://bmj.com)

When I am with my dad's family I feel as if I am betraying them

## SOUNDINGS

## Lawyers are from Mars, doctors are from Venus

Perhaps you disagree with the title. That's OK. You may say, "Hey, lawyers talk a lot, and that's a Venusian characteristic. And doctors (especially surgeons) do things, which is Martian." I respect you for saying that, and up to a point you're right. But let's look at it another way.

Which profession is the more confident and doesn't care what the other thinks of it? Which profession imposes its way of working on the other? Which profession cannot tolerate uncertainty and says, "Come along, doctor, answer yes or no"? Which profession is the one that worries? Which profession can't make a major decision without asking the other's opinion? Which practitioners keep wondering, "What might the lawyers make of this?"

To the rest of the world, they look and sound alike. They're both middle class achievers. Both sets of mothers are equally proud of them. But they come from different planets.

On Mars, life is lawyer centred. Cases wait for years without anyone complaining—least of all the government, which is composed of lawyers. Aggression, a male characteristic throughout the solar system, is channelled into writing unpleasant letters or fighting each other in court. And victors get promoted.

On Venus, patients come first. Empathy is feminine. Doctors work late but blame themselves for not working even harder. They acquiesce to being treated like other healthcare workers. And they lose their sense of humour.

Here on Earth, doctors and lawyers have to get along. This is where I, an experienced relationship counsellor, can help. In my hugely popular seminars I say, "OK, now you've hugged one another, let's talk. Tell me honestly, where would you rather be? Mars or Venus?"

Guess what? Nobody wants to go to Venus, unless they're ill. But many doctors envy the Martian lifestyle. They like going to court because it's the only place they're allowed to fight any more.

As a therapist, my job is to help professions get along. I can't like one more than the other. But I'll tell you something. In any long term relationship the partners have to feel equal. Doctors have a problem, not with lawyers but with their own self confidence. Boy, do they need therapy.

**James Owen Drife** professor of obstetrics and gynaecology, Leeds

If you would like to submit a personal view please send no more than 850 words to the Editor, BMJ, BMA House, Tavistock Square, London WC1H 9JR or email [editor@bmj.com](mailto:editor@bmj.com)